

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1410 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Mulrope  
Mulrope

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 42 Years, Months, Days.

Color, Irish White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bricklayer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give Street and Number. } 2102. Aliceanna St.

Cause of Death, { First (Primary), Second (Immediate), } Erysipelas  
Paralysis

Duration of Last Sickness, Eighteen months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 18<sup>th</sup> 1887

Undertaker, G. France M. D.

Place of Business, Bank & Wolf Address, 103 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No. A. 1411 Office of Registrar of Vital Statistics, Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death, July 17/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant no' named, give names of parents. } Bertha Engproth -

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 19 Years, " Months, " Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 8 Years

Place of Death, { Give street and Number. } 2504 Laubaster St.

Cause of Death, { First, (Primary.) Typhoid Fever  
Second, (Immediate,) 2 weeks. }

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, July 19<sup>th</sup> 87

{ Undertaker, G. J. O'Connell } N. T. Sashell Jr. M. D.,  
Medical Attendant.

{ Place of Business, Baltimore & York Sts. } Address, 700 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]



Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1412 Office of Registrar of Vital Statistics. Ward 2<sup>d</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, July 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Peter Viola

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 38 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Hotel keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Italy

Duration of Residence in the City of Baltimore, 7 years

Place of Death, { Give Street and Number. } 114 Thacker

Cause of Death, { First (Primary), Second (Immediate), } Phthisis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, July 19<sup>th</sup> 1887

{ Undertaker, E. France } M. D.

Medical Attendant.

{ Place of Business, Frank & Wolfe } Address, 111 E. Charming

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1413 Office of Registrar of Vital Statistics. Ward 2<sup>d</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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B

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George R. Stitz

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Druggist

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } No 821 S Broadway

Cause of Death, { First (Primary), Second (Immediate), } Overcome with the heat.

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Mc Oliver Cemetery

Date of Burial, July 19<sup>th</sup> 1887

{ Undertaker, John C. Henry Nicholas L. Sashill, M. D.

Medical Attendant.

{ Place of Business, 265 Alice Street Address, 800 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1414 Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 17, 1892 11:40 A.M.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Charlotte Ann Boylan

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, 11 Months,    Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Kent Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number. } 1163 Antietam St.

Cause of Death, { First (Primary), Second (Immediate), } Prostration from heat.  
Heart Paralysis.

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, July 19<sup>th</sup>

Undertaker, J. J. Cowan

Place of Business, 901 Hollister St. Address, 513 Scott St.

W. C. Smith M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1415 Office of Registrar of Vital Statistics.

Ward 13<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert. C. Grafe

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 20 Months, 0 Days.

Color, white

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 876 Union St.

Cause of Death, { First (Primary), Second (Immediate), } Thrush.  
Atrophy

Duration of Last Sickness, 6 wks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, July 18<sup>th</sup>

{ Undertaker, J. J. Cowan

{ Place of Business, 901 nothing, Address, 814 St. Lombard St.

W. H. Weber M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1416 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17 1887

Full Name of Deceased, John Benton  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 28 Years, 8 Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, City

Birth Place, Baltimore City  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1024 Gaston Ave  
{ Give Street and Number. }

Cause of Death, Pneumonia  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, July 19 1887

Undertaker, E. Brown

Medical Attendant, M. D.

Place of Business, 3rd & W. Ave Address, 111 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the remarks below, and to those of the Board of Health.

# Health Department, City of Baltimore.

Permit No. 1417 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 16 1887  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Suran  
Sex, Male or Female, {Cross out the word not required in this line.} Male  
Age, 75 Years, \_\_\_\_\_ Months, ✓ Days.  
Color, White  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married  
Occupation, Leabint Maier  
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hamburg Germany  
Duration of Residence in the City of Baltimore, 35 years  
Place of Death, {Give Street and Number.} 1911 Hanover St  
Cause of Death, {First (Primary), Natural  
Second (Immediate), Pneumonia}  
Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, 19

{Undertaker, Henry Brule}

{Place of Business, Home 112} Address, \_\_\_\_\_

J. K. Wiley M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1418 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 17 July 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edwin Frank.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 5 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } —

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 1006 Eastern Ave.

Cause of Death, { First (Primary), Second (Immediate), } Gastro Enteritis  
Convulsions.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, July 19th 1887.

Undertaker, Peter Frey 737 Leonard. M. D.

Place of Business, 1003 Eastern Ave. Address, 213 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1419 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 17 1887

Full Name of Deceased, John Mansby Beale  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 10 Years, 11 Months, 11 Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, 1720 E. Eager  
{ Give Street and Number. }

Cause of Death, Catarrhal Enteritis  
{ First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, St. Anne's

Date of Burial, July 18/87

Undertaker, Amos S. Gay

Place of Business, 307 N Broadway Address, 933 N Broadway

J. B. Schwatka M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]